

# INN ON THE PARK

## REGISTRATION FORM OWNER/TENANT

OWNER \_\_\_\_\_ UNIT# \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

RENTAL AGENT \_\_\_\_\_ E-MAIL \_\_\_\_\_  
PHONE \_\_\_\_\_ DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_ LEAVING: \_\_\_\_\_

### OCCUPANT NAMES/PHONE NUMBERS

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_  
OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

### EMERGENCY CONTACT NAMES & NUMBERS

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR'S NAME/CLINIC \_\_\_\_\_  
HOSPITAL OF CHOICE \_\_\_\_\_

DOES OCCUPANT(S) HAVE A COPY OF THE HOUSE RULES?  
YES \_\_\_ NO \_\_\_

BICYCLE(S) YES \_\_\_ NO \_\_\_  
MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE \_\_\_\_\_